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CONFIRMATION NO. 2389

Bib Data Sheet

SERIAL NUMBER 10/693,722	FILING OR 371(c) DATE 10/23/2003 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 9516-078-999
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/421,004 10/24/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 01/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials				

ADDRESS

20583

TITLE

Methods of using and compositions comprising selective cytokine inhibitory drugs for treatment, modification and management of pain

FILING FEE RECEIVED 878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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